

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$601.95 for date of service 09/21/01?
b. The request was received on 01/31/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. TWCC 62 forms
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 04/23/02
 - b. HCFA(s)
 - c. TWCC 62 form
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/18/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 04/18/02. The response from the insurance carrier was received in the Division on 04/25/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:
 - a. The Requestor did not submit a letter requesting dispute resolution.
2. Respondent:
 - a. “In review of the dispute packet the (Carrier) found that the date of service September 21, 2001 for CPT Code E1399, Cold Therapy Cooler Wrap, in the amount of \$75.00 was denied or ‘N62’ Not Documented. Provider must submit a copy of invoice (including manufacturer, model name & number, serial number) with bill to the carrier. A DME Code E1399 was used for the submitted charge and according the Medical Fee Guideline the Code is considered miscellaneous, therefore there is not an established MAR for that particular code. An invoice was requested in order to verify the amount paid for the product by the requestor. The requestor also billed DME Code E0781 for date of service September 21, 2001 in the amount of \$485.00. This charge was denied for ‘N62’ Not Documented. Provider must submit a copy of invoice (including manufacturer, model name & number, serial number) with bill to the carrier. Although an invoice was not needed there was no documentation submitted by the requestor to support the necessity, nor a prescription from the physician prescribing this equipment and the basis of the ‘N62’ exception code is Not Documented. Therefore, based on the lack of documentation to support the services billed the reconsideration was subsequently denied.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 09/21/01.
2. The provider billed \$715.00 for the date of service 09/21/01.
3. The carrier reimbursed the provider \$113.05 for the date of service 09/21/01.
4. The amount in dispute is \$601.95 for the date of service 09/21/01.
5. The denial codes on the submitted EOB are “D-Duplicate charge. M-Reduced to Fair & Reasonable. O-Upon review of your request for a reconsideration, no additional benefits is recommended at this time. N62- Please submit a copy of the invoice with the bill.”

6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
09/21/01	E1399	\$75.00	\$0.00	D,N62,O	DOP	MFG DME (IV); (IX)(A)(B)	The denial on the EOB is "N" Not documented. The referenced Rule states: "A statement of medical necessity, along with the order or prescription appropriate for the equipment/supplies shall accompany initial claims for the rental or purchase of DME. Any verbal order given by the doctor to the DME provider shall be followed by a written prescription or order to billing for the DME equipment/supplies." The provider did not submit a letter of medical necessity required by the referenced rule in their dispute packet. Therefore, reimbursement is not recommended.
09/21/01	E1399	\$155.00	\$113.05	M	DOP	TWCC Rule 133.301(b)	The provider did not submit any EOBs from any insurance carrier to indicate fair and reasonable. There is no evidence submitted to determine a fair and reasonable rate. Therefore, additional reimbursement is not recommended.
09/21/01	E0781	\$485.00	\$0.00	D,N62,O	DOP	MFG DME (IV)(IX) (IX)(A)(B)	The denial on the EOB is "N" Not documented. The referenced Rule states: "A statement of medical necessity, along with the order or prescription appropriate for the equipment/supplies shall accompany initial claims for the rental or purchase of DME. Any verbal order given by the doctor to the DME provider shall be followed by a written prescription or order to billing for the DME equipment/supplies." The provider did not submit a letter of medical necessity required by the referenced rule in their dispute packet. Therefore, reimbursement is not recommended.
Totals		\$715.00	\$113.05				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 7th day of June, 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.